



2015 Application/Enrollment Form

Child's Last Name		Child's First Name	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.:	Age first day of session:
Health Concerns/ Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Mother/ Guardian Name:		Father/ Guardian Name:	
Phone	Home:	Phone	Home:
	Work:		Work:
	Cell:		Cell:
Address:			
City:		State:	Zip:
Email Address:			

If your email is not legible you will not receive pertinent updates throughout the program

Emergency Contact Information

NAME (1)	RELATION	PHONE #
NAME(2)	RELATION	PHONE#

Parent Handbook Acknowledgement, Release of Liability, Authorization to Treat a Minor, and Video-Photo Release Form

Imperial Beach Junior Lifeguard Program

Parent Handbook Acknowledgement, Release of Liability, Authorization to Treat a Minor, and Video-Photo Release Form

Imperial Beach Junior Lifeguard Release of Liability

I agree to assume all risks and hold harmless from any liability and any claim, including negligence and carelessness, the City of Imperial Beach ("City"), San Diego Unified Port District ("Port"), Imperial Beach Junior Lifeguard Program, all other City or Port agencies and any of their agents, servants, volunteers, or employees, by reason of any accident, death, injury, or any damages to persons or property which I or my child may incur while participating in any transportation provided by and activity sponsored by the Imperial Beach Junior Lifeguard Program. I further understand that serious accidents or death can occur during aquatic and marine activities; and that participants in aquatic and marine activities occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risk of aquatic and marine activities (swimming, surfing, lifesaving, canoeing, body surfing, body boarding, competition, and the like), nevertheless, I hereby agree to assume on my behalf and on behalf of my child those risks and to release and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me, my child, my heirs or assigns, or my child's heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I also agree to pay all costs incident to any such claim including, without limitation, attorney's fees, and agree to assume responsibility for any property damage or injury to any person caused by me or my child while participating in any activity sponsored by the Imperial Beach Junior Lifeguard Program.

Authorization to Treat a Minor

I, the parent or legal guardian of the child listed, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment, medical examination, and/or diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may be advisable for my child. Further I understand that my child will be participating in inherently dangerous activities i.e. (swimming, running, surfing, sailing, canoeing, boogie boarding, competitions, and the like) and agree to pay for my child's medical expenses. I understand that every effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code and Family Code. This consent shall remain in effect until December 1, of the subject year. Furthermore, I have listed all medical conditions and/or concerns in the Emergency Contact and Medical History section of the Application.

Video-Photo Release

I understand that during the Junior Lifeguard Program or related activities, my photograph and/or the photograph of my child may be taken by the Junior Lifeguard Program, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the City of Imperial Beach, its producers, sponsors, organizers and/or its assigns for educational, promotional, and/or other necessary purposes.